

Swift River Medical-Surgical Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of questions,

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Don't worry about getting everything right, your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations, and take breaks to retain information better.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning.

7. Use Other Tools

Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly — adapt the tips above to fit your pace and learning style. You've got this!

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Questions

- 1. Which nursing action involves reassessing pain for Preston Wright?**
 - A. Assess documented pain**
 - B. Change medications**
 - C. Install safety measures**
 - D. Consult a specialist**
- 2. Which action is crucial for Scenario #4 regarding Hannah Knox's treatment plan?**
 - A. Don gloves**
 - B. Place pt. on 100% non-rebreather**
 - C. Discuss with HCP**
 - D. Initiate IV**
- 3. In managing health changes for a patient, what assessment is crucial?**
 - A. Evaluate psychological support**
 - B. Perform a neurological check**
 - C. Document all medications**
 - D. Limit patient interaction**
- 4. What was the status of Charlie Raymond's neurological condition?**
 - A. Abnormal**
 - B. Improved**
 - C. Normal**
 - D. Severe impairment**
- 5. What should a healthcare provider do if they identify a risk for failure to thrive?**
 - A. Document and inform the family**
 - B. Implement comfort measures and assess closely**
 - C. Restrict patient movement**
 - D. Limit intake to clear fluids only**

- 6. What should be monitored in a patient with a foley catheter for signs of infection?**
- A. Electrolyte levels**
 - B. Temperature and urinary output**
 - C. Respiratory rate**
 - D. Blood pressure**
- 7. In Janene Whitmore's Scenario #3, which action should be taken first?**
- A. Document**
 - B. Inform admitting physician**
 - C. Contact hospital liaison**
 - D. Administer diluted iron**
- 8. Before providing care, which is the best first step when working with a non-English speaking patient?**
- A. Use hand gestures to communicate**
 - B. Obtain a translator**
 - C. Proceed with basic instructions**
 - D. Offer written materials in English**
- 9. When experiencing shock, what should a nurse prioritize?**
- A. Establishing an open airway**
 - B. Providing emotional support**
 - C. Limiting patient mobility**
 - D. Consolidating patient records**
- 10. What risk is associated with Preston Wright?**
- A. Risk for infection**
 - B. Risk for obesity**
 - C. Risk for anxiety**
 - D. Risk for withdrawal**

Answers

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1. A
2. B
3. B
4. C
5. B
6. B
7. C
8. B
9. A
10. A

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Explanations

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1. Which nursing action involves reassessing pain for Preston Wright?

- A. Assess documented pain**
- B. Change medications**
- C. Install safety measures**
- D. Consult a specialist**

Reassessing pain is a critical nursing action that involves evaluating the patient's reported pain level after initial assessment and intervention. When a nurse assesses documented pain, they are gathering updated information on the patient's pain experience, which can guide subsequent treatment decisions. This step helps to determine if the current pain management strategies are effective or if changes are necessary. By re-evaluating the pain, the nurse can identify any improvements or worsening in the patient's condition, allowing for timely adjustments to the care plan. Such an action ensures that the patient's comfort and quality of life are prioritized in their care. In contrast, changing medications, installing safety measures, or consulting a specialist are actions that may come after pain reassessment if it is found that the current pain management is inadequate. While these other actions are important components of comprehensive patient care, they typically rely on the initial finding from the pain reassessment to determine their appropriateness and timing.

2. Which action is crucial for Scenario #4 regarding Hannah Knox's treatment plan?

- A. Don gloves**
- B. Place pt. on 100% non-rebreather**
- C. Discuss with HCP**
- D. Initiate IV**

In Scenario #4 concerning Hannah Knox's treatment plan, placing the patient on 100% non-rebreather is pivotal because this intervention is vital in addressing situations of suspected hypoxia or severe respiratory distress. A non-rebreather mask is designed to deliver high concentrations of oxygen to the patient, which is essential for rapidly improving oxygen saturation levels when a patient is in respiratory failure or experiencing significant difficulty breathing. Providing 100% oxygen through a non-rebreather mask ensures that the patient receives the maximum amount of oxygen available, which is crucial in life-threatening conditions such as acute respiratory distress or exacerbation of chronic respiratory conditions. It can help stabilize the patient's oxygen levels quickly, which is a primary goal in emergency and critical care settings. The other options, while important in different contexts, do not address the immediate need for oxygenation as effectively as placing the patient on the non-rebreather mask would.

3. In managing health changes for a patient, what assessment is crucial?

- A. Evaluate psychological support**
- B. Perform a neurological check**
- C. Document all medications**
- D. Limit patient interaction**

In managing health changes for a patient, performing a neurological check is crucial because it allows healthcare providers to assess the integrity and function of the nervous system, which can be significantly impacted by various medical conditions or treatments. Neurological assessments can reveal critical information about a patient's level of consciousness, cognitive function, motor skills, sensory perception, and reflexes. These checks are particularly important in situations such as post-operative recovery, head injuries, or existing neurological disorders, where rapid changes can indicate emerging complications or the need for immediate intervention. Timely identification of neurological deficits can lead to early treatment, which is essential for improving patient outcomes and recovery. While evaluating psychological support, documenting medications, and limiting patient interaction may also be important in certain contexts, they do not provide the immediate and specific insights into the patient's neurological status that can directly impact clinical decision-making and patient safety.

4. What was the status of Charlie Raymond's neurological condition?

- A. Abnormal**
- B. Improved**
- C. Normal**
- D. Severe impairment**

Charlie Raymond's neurological condition is considered normal, indicating that he does not display any signs of impairment or dysfunction within his neurological assessments. A normal neurological status often reflects intact cognitive functions, proper sensory responses, and appropriate motor skills, suggesting that he has not experienced any neurological damage or significant issues that would impact his overall functioning. In cases where individuals present with abnormal, improved, or severe impairment statuses, there would typically be clear indicators such as altered reflexes, impaired movement, cognitive deficits, or other symptoms that would reflect a neurological problem. Having a status marked as normal is significant in clinical evaluations, as it suggests the absence of prior neurological issues, allowing for better prognostic outcomes and treatment plans in medical settings.

5. What should a healthcare provider do if they identify a risk for failure to thrive?

- A. Document and inform the family**
- B. Implement comfort measures and assess closely**
- C. Restrict patient movement**
- D. Limit intake to clear fluids only**

Identifying a risk for failure to thrive requires immediate and thoughtful intervention to address the underlying causes and support the patient's needs. Implementing comfort measures and assessing the situation closely is crucial because it allows healthcare providers to monitor the patient's condition effectively while also providing a supportive environment. Comfort measures may involve ensuring the patient is in a conducive setting, addressing any immediate discomforts, and promoting a collaborative approach with the family. Close assessment ensures that any changes in the patient's condition can be promptly identified and managed, which is essential in preventing further deterioration. This proactive approach supports not just the physical aspect of care but also invites a holistic view that considers emotional and developmental needs, especially in pediatric patients. The other options do not adequately address the multifaceted needs of a patient at risk for failure to thrive. Documenting and informing the family is indeed important, but it does not provide immediate intervention. Restricting patient movement might lead to further complications in care and development, while limiting intake to clear fluids can exacerbate nutritional deficiencies if not properly managed. Thus, prioritizing comfort and thorough assessment aligns with best practice standards in healthcare.

6. What should be monitored in a patient with a foley catheter for signs of infection?

- A. Electrolyte levels**
- B. Temperature and urinary output**
- C. Respiratory rate**
- D. Blood pressure**

Monitoring a patient's temperature and urinary output is essential in detecting signs of infection in individuals with a Foley catheter. An elevated temperature can indicate the presence of an infection, as fevers are a common response of the body when fighting off pathogens. Urinary output is also critically important because alterations in this can serve as indicators of urinary tract infections (UTIs) or other complications. For instance, decreased output or changes in the character of urine (such as cloudiness or foul smell) may suggest the development of an infection. Together, these indicators allow healthcare providers to promptly identify and address potential infections, which can be common in patients with indwelling catheters due to factors like bacteria entering through the catheter pathway.

7. In Janene Whitmore's Scenario #3, which action should be taken first?

- A. Document**
- B. Inform admitting physician**
- C. Contact hospital liaison**
- D. Administer diluted iron**

In Janene Whitmore's Scenario #3, contacting the hospital liaison should be the first action taken. This choice is appropriate because the hospital liaison often serves as a crucial link between the healthcare team and administrative functions, especially in urgent or complex situations. By reaching out to the liaison, you can ensure that any necessary resources or interventions are mobilized promptly to address the patient's needs. Timely communication with the liaison can facilitate the efficient handling of admissions, potential transfers, or other logistical concerns that may arise as part of patient care. This step is essential to maintain the flow of information and ensure that all team members are aligned on the patient's current status and requirements. Prioritizing this action helps to lay the groundwork for subsequent steps that may include informing the physician or administering medications, which may depend on the outcome of the consultation with the liaison.

8. Before providing care, which is the best first step when working with a non-English speaking patient?

- A. Use hand gestures to communicate**
- B. Obtain a translator**
- C. Proceed with basic instructions**
- D. Offer written materials in English**

The best first step when working with a non-English speaking patient is to obtain a translator. This is because effective communication is crucial in providing quality care. A translator can help bridge the language barrier, ensuring that the patient understands their condition, the treatment being proposed, and can actively participate in their care. This approach not only enhances the patient's comprehension but also increases their comfort level, fostering a rapport between the patient and healthcare provider. Relying solely on hand gestures might lead to misunderstandings, as non-verbal communication varies widely across cultures and contexts. Proceeding with basic instructions without ensuring comprehension could jeopardize the patient's safety and hinder their ability to follow care directives. Offering written materials in English would not be effective, as the patient may not be able to read or understand that language, further complicating their situation rather than resolving it. Hence, obtaining a translator is the most effective and respectful approach to ensure clear and accurate communication.

9. When experiencing shock, what should a nurse prioritize?

- A. Establishing an open airway**
- B. Providing emotional support**
- C. Limiting patient mobility**
- D. Consolidating patient records**

When a patient is experiencing shock, the priority action for the nurse is to establish an open airway. This is crucial because shock can lead to inadequate perfusion and oxygenation of tissues, which can result in respiratory distress or failure. Ensuring that the airway is patent is fundamental to facilitate adequate ventilation and oxygenation, which are vital for maintaining organ function and preventing further complications. Immediate intervention in airway management can significantly influence the overall outcome for the patient in shock, making it the top priority in emergency care situations. Other options, while important in different contexts, do not take precedence over airway management in the acute phase of shock. Providing emotional support can be valuable but does not address the immediate physiological threats posed by shock. Limiting patient mobility may be relevant, depending on their condition, but it does not directly contribute to the stabilization of vital functions. Consolidating patient records is essential for documentation and planning but is neither urgent nor critical in the immediate management of a patient experiencing shock.

10. What risk is associated with Preston Wright?

- A. Risk for infection**
- B. Risk for obesity**
- C. Risk for anxiety**
- D. Risk for withdrawal**

The correct response highlights the risk for infection associated with Preston Wright. In a medical-surgical context, certain conditions or procedures—such as surgeries, the presence of invasive lines, or compromised immune function—can increase the likelihood of infections. Factors such as underlying health conditions, advanced age, or prolonged hospitalization can further heighten this risk. Infection control is a critical aspect of patient care, especially in settings where individuals may already be vulnerable due to their medical status. The emphasis on identifying and mitigating the risk for infection is essential in preventing complications, promoting healing, and ensuring overall patient safety. By recognizing this risk, healthcare providers can take proactive measures, such as implementing strict hygiene protocols and monitoring for any signs of infection, which is key to successful patient outcomes.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://swiftrivermedsurg.examzify.com>

We wish you the very best on your exam journey. You've got this!